

ARIZONA DEPARTMENT OF EDUCATION N S L P SUMMER FOOD: SEAMLESS WAIVER REIMBURSEMENT CLAIM

SUBMIT TO: Arizona Department of Education, 1535 W. Jefferson, Bin #7, Phoenix, AZ 85007 FAX: (602) 542-3818 DUE: 10th Monthly THIS CLAIM IS FOR MAY AND JUNE 2002 ONLY

1. Claim Month/Year \_\_\_\_\_

2. CTD \_\_\_\_\_

3. Sponsor Name and Address

4. Page \_\_\_\_\_ of \_\_\_\_\_

5. Check ONE:  
[ ] Original Submission  
[ ] Revised Submission  
Date of Revision \_\_\_\_\_

FOR CNP USE ONLY

[ ] Revised due to audit  
[ ] Revised due to review

6. Number of Sites Claiming

7. Site name (s)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
8. Operating days	_____	_____	_____	_____	_____
9. Participants enrolled	_____	_____	_____	_____	_____
a. Breakfasts	_____	_____	_____	_____	_____
b. Lunches	_____	_____	_____	_____	_____
c. Suppers	_____	_____	_____	_____	_____
d. Snacks	_____	_____	_____	_____	_____

7. Site name (s)	<div></div>	<div></div>	<div></div>	<div></div>	TOTALS
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a. Breakfasts	_____	_____	_____	_____	_____
b. Lunches	_____	_____	_____	_____	_____
c. Suppers	_____	_____	_____	_____	_____
d. Snacks	_____	_____	_____	_____	_____

I certify, to the best of my knowledge and belief, that this claim is true and correct and in accordance with the terms of the agreement, that records are available to support this claim, that all approved sites were operated, and that there has been no significant change in projected administrative costs since receipt of advance payment or previous claim.